



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 2201

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/039,584 | <b>FILING DATE</b><br>10/26/2001<br><b>RULE</b> | <b>CLASS</b><br>709 | <b>GROUP ART UNIT</b><br>2152 | <b>ATTORNEY DOCKET NO.</b><br>5489-69021 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
James R. Buechler, Terre Haute, IN;  
Evan Farmer, Norfolk, VA;  
Todd J. Smaka, Indianapolis, IN;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/243,374 10/26/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 02/07/2002

|   |                               |                             |                           |                                |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>IN | <b>SHEETS DRAWING</b><br>39 | <b>TOTAL CLAIMS</b><br>52 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                               |                             |                           |                                |

**ADDRESS**  
Richard D. Conard  
Barnes & Thornburg  
11 S. Meridian Street  
Indianapolis, IN 46204

**TITLE**  
Method of facilitating medical consultations

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>723 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------------|---|---|